



401(a) account only

1. Participant Information *To be completed by participant*

Name _____ Social Security # _____

Work Phone Number _____ Home Phone Number _____

Roll my previous account into my State of Iowa 401(a) Employer Match account with:

Equitable of the US

ING Financial Advisers

It is your responsibility to open a 401(a) account with one of the State's 4 active providers before requesting this rollover.

2. Previous Plan Information *To be completed by previous plan*

[illegible]

- Traditional, Rollover, Simple

_____ 403(b)

SEP

_____ Other qualified plan _____

Previous Employer Name (if applicable)_____

Account Number	Approximate value of roll
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Authorized Plan Administrator/Trustee/Custodian for previous plan

I am the Plan Administrator or Trustee for the previous plan named on this form. I affirm that the plan is eligible to make this direct rollover.

_____ Date _____

Signature

Phone # _____

Printed Name

Fax # _____

Company Name

Address _____

City, State, Zip Code

3. Participant Signature

I understand and agree to the terms and conditions of the Retirement Investors' Club. I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. I understand my transferred funds will be subject to the rules and restrictions of the 401(a) Employer Match account.

Signature

Date

Signature

Date _____

Please return this form to:

**Iowa Department of Administrative Services
Retirement Investors' Club
Grimes State Office Building
400 E. 14th Street
Des Moines, IA 50319**

Revised 7/03

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